

REPORT SURVEY		1. DATE OF SURVEY	2. TYPE OF REPORT	
			REQUIRED	PREPARED
3. PERSON TO CONTACT REGARDING REPORT	NAME	COMPONENT	ROOM NO. AND BLDG.	PHONE
4. REPORT TITLE				
5. AUTHORITIES OR DIRECTIVES REQUIRING THIS REPORT				
6. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.)		7. REPORT FORMAT (Form no., memorandum, machine tabulation, etc.)		
8. DATE REPORT IS DUE		9. NUMBER OF REPORTS RECEIVED/PREPARED ANNUALLY IF REPORT IS A "SITUATION" REPORT		
10. OFFICES OR ACTIVITIES REQUIRED TO SUBMIT THIS REPORT		11. DISTRIBUTION OF THIS REPORT ORIGINAL: COPIES:		
12. ESTIMATE OF THE NUMBER OF MAN HOURS REQUIRED TO PREPARE THIS REPORT ONE TIME. INCLUDE MAN HOURS REQUIRED AT ALL LEVELS TO MAINTAIN RECORDS, COLLECT DATA, PREPARE FEEDER REPORTS, AND COMPILER THE FINAL REPORT.				
13. COMPLETE THE FOLLOWING AS APPROPRIATE TO EITHER A "REQUIRED" OR "PREPARED" REPORT, OR BOTH, USING SPACE 14 IF NECESSARY.				
A. DOES THIS REPORT DUPLICATE IN WHOLE OR IN PART ANY OTHER REPORT? IF SO PLEASE EXPLAIN.				YES NO
B. IS THE INFORMATION REPORTED IN MORE DETAIL, SUBMITTED MORE FREQUENTLY, OR GIVEN WIDER DISTRIBUTION THAN IS CONSIDERED NECESSARY TO SERVE THE PURPOSES FOR WHICH THE REPORT WAS ESTABLISHED?				
C. IS THIS REPORT THE RESULT OF AN ADMINISTRATIVE OR PROCEDURAL PROBLEM WHICH SHOULD BE CORRECTED RATHER THAN REPORTED ON?				
D. COULD THE PURPOSES OF THIS REPORT BE SERVED BY DIRECT SUPERVISION OR INSPECTION, OR BY BRIEFINGS, STAFF MEETINGS, ETC.?				
E. HAS OFFICE ROUTINE EVER BEEN DISRUPTED OR HAS OVERTIME EVER BEEN REQUIRED TO MEET THE SUBMISSION DATE FOR THIS REPORT?				
F. DO YOU RECOMMEND THAT THE FORM OR FORMAT OF THIS REPORT BE REVISED WITH RESPECT TO: (1) SPACING? (2) WEIGHT OF PAPER? (3) POSSIBLE ELIMINATION OF TRANSMITTAL CORRESPONDENCE?				
G. IF THE REPORT IS REPRODUCED BY MIMEOGRAPH, DITTO, MULTILITH, ETC., DO YOU RECOMMEND THE PROCUREMENT OF REPRODUCIBLE MASTERS WITH HEADINGS, LINES, ETC. PREPRINTED THEREON TO EXPEDITE PREPARATION OF THE REPORT?				
H. WOULD YOUR OFFICE DISCONTINUE: (1) MAINTAINING (2) COMPILING				
THE DATA BEING SUBMITTED IN THIS REPORT IF THE REQUIREMENT FOR ITS SUBMISSION WERE RESCINDED?				

14. REMARKS (If you require this report, briefly state its purpose and fully justify its continuance. State any contemplated action for continuing the report. Consider changes in conditions which may be established. If you prepare this report, furnish a general opinion of its value. Cite any evidence or lack of evidence that the report is worth its cost. Recommend any improvements, including methods for preparing and submitting the report.)

☐ CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEF OF COMPONENT

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE

TITLE

SIGNATURE